

2014-2015 Collective Bargaining Reporting Sboa School Unit

Area Type	Urban
When does your 2015-2016 bargaining agreement begin?	06/24/2015
When does your 2015-2016 bargaining agreement end?	06/23/2016
For 2014-2015 did you accept transfer students who do not have legal settlement within your school corporation?	No
For 2015-2016 do you accept transfer students who do not have legal settlement within your school corporation?	No
Positions	
Number of certificated positions in the bargaining unit 2014-2015	50
Total number of certificated positions 2014-2015 (exclude administrative positions)	50
Salaries for all in bargaining unit	
Total of salary costs for all teachers 2014-2015	\$1,500,000
Minimum annual teacher salary "Full Time" 2014-2015	\$20,000
Average annual teacher salary "Full Time" 2014-2015	\$35,000
Maximum annual teacher salary "Full Time" 2014-2015	\$90,000
Total cost of all teacher salary increases this year 2014-2015	\$750,000
Salary Stipend (or Bonuses) *Excluding Extracurricular	
Total stipends paid to all teachers 2014-2015	\$550,000.00
Total number of teachers receiving a stipend 2014-2015	38
Extracurricular	
Total dollars budgeted for all positions 2014-2015	\$1,850,000
Long Term Disability	
Annual total dollars paid by the corporation for LTD for all teachers 2014-2015	\$50,000
Retirement	
Did your corporation have unfunded teacher retirement costs (excluding sick day payouts) 2014-2015?	No
Did you have a bridge plan for early teacher retirees? 2014-2015	No
Teachers Retirement Fund	
Who paid the mandatory employee TRF contribution 2014-2015	Teachers
Other Retirement Plans	
<i>Indicate percent (%) or amount (\$) of a teacher's salary your corporation contributes to any of the following 2014-2015</i>	
401(a) %	6.0
401(a) \$	
403(b) %	6.0
403(b) \$	
VEBA %	6.0
VEBA \$	

Other not elsewhere defined %	
Other not elsewhere defined \$	
If you answer "other", please describe briefly	
Life Insurance	
Total dollars paid by the corporation for all teachers' life insurance policies 2014-2015	\$600,000
Amount of coverage provided to each teacher 2014-2015	\$10,000
Individual life insurance coverage cost paid by the teacher 2014-2015	\$250
Paid Time Off	
Number of annual paid sick days a teacher can accrue in a school year 2014-2015	12
Maximum number of paid sick days a teacher can accumulate at any given time 2014-2015 (If the corporation has no limit on days carried from year-to-year, please enter the value for the employee that has the largest amount of PTO.)	24
Number of annual paid non-sick days (all paid leave not restricted by illness ex. personal, vacation, etc.) a teacher can accrue in a school year 2014-2015	24
Sick Bank	
Did you have a sick "bank" 2014-2015	Yes
If yes, how many total days were/are allowed to be used in a school year 2014-2015?	24
Salary/Compensation Model Increase	
Did your corporation have an increase in 2014-2015 (salary, stipend or bonus)?	No
Salary (Total should equal 100% or 0% if none was paid)	
Education and Experience 2014-2015	25.0
Evaluation 2014-2015	25.0
Academic Needs of Students 2014-2015	25.0
Instructional Leadership 2014-2015	25.0
Stipend (Total should equal 100% or 0% if none was paid)	
Education and Experience 2014-2015	25.0
Evaluation 2014-2015	25.0
Academic Needs of Students 2014-2015	25.0
Instructional Leadership 2014-2015	25.0
Health Care	
Did you provide health insurance plans for your employees?	Yes
For 2014-2015 were you self insured, fully insured or participate in a trust/consortium?	Fully Insured
Dental Care	
Did you provide dental insurance plans for your employees?	Yes
For 2014-2015 were you self insured, fully insured or participate in a trust/consortium?	Fully Insured
Vision Care	
Did you provide vision insurance plans for your employees?	Yes
For 2014-2015 were you self insured, fully insured or participate in a trust/consortium?	Fully Insured

Health Plan: Humana**b plan**

Selection Type	Number of Enrollees	Corporation Paid <i>per employee</i>	Employee Paid <i>per employee</i>
Single	0	\$0.00	\$0.00
Member/Spouse or +1	0	\$0.00	\$0.00
Member/Children	0	\$0.00	\$0.00
Family	3	\$2,500.00	\$5,000.00
HSA Plan	0	\$0.00	\$0.00

Dental Plan: Delta Dental

Selection Type	Number of Enrollees	Corporation Paid <i>per employee</i>	Employee Paid <i>per employee</i>
Single	0	\$0.00	\$0.00
Member/Spouse or +1	0	\$0.00	\$0.00
Member/Children	0	\$0.00	\$0.00
Family	3	\$200.00	\$250.00
HSA Plan	0	\$0.00	\$0.00

Vision Plan: MECA

Selection Type	Number of Enrollees	Corporation Paid <i>per employee</i>	Employee Paid <i>per employee</i>
Single	0	\$0.00	\$0.00
Member/Spouse or +1	0	\$0.00	\$0.00
Member/Children	0	\$0.00	\$0.00
Family	0	\$0.00	\$0.00
HSA Plan	3	\$200.00	\$300.00